



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 6244

<b>SERIAL NUMBER</b> 09/764,659	<b>FILING DATE</b> 01/17/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 498-221 CON
<b>APPLICANTS</b> Michael R. Sansoucy, Franklin, MA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/368,611 08/05/1999 PAT 6,179,806				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/07/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 10
Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 23869				
<b>TITLE</b> Self-occluding catheter				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____	



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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

**ADDRESS**  
Salvatore J. Abbruzzese, Esq.  
HOFFMANN & BARON, LLP  
6900 Jericho Turnpike  
Syosset, NY 11791

**TITLE**  
Self-occluding catheter

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